

SERFF Tracking Number:	WESA-125470545	State:	Arkansas
Filing Company:	Lyndon Southern Insurance Company	State Tracking Number:	#26563 \$50
Company Tracking Number:	LSIC-07-003-AR		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Motor Glass Replacement Product		
Project Name/Number:	Motor Glass Replacement Product/LSIC-07-003-AR		

## Filing at a Glance

Company: Lyndon Southern Insurance Company

Product Name: Motor Glass Replacement      SERFF Tr Num: WESA-125470545 State: Arkansas

Product

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: #26563 \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: LSIC-07-003-AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Westmont Associates

Disposition Date: 02/14/2008

Date Submitted: 02/01/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 02/14/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 02/14/2008

State Filing Description:

## General Information

Project Name: Motor Glass Replacement Product

Status of Filing in Domicile: Pending

Project Number: LSIC-07-003-AR

Domicile Status Comments: The filing is pending in LA.

Reference Organization: None

Reference Number: None

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 02/14/2008

State Status Changed: 02/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing represents Lyndon Southern Insurance Company's New Individual Application for its currently approved Auto Glass Motor Vehicle Glass Replacement filing.

SERFF Tracking Number: WESA-125470545 State: Arkansas  
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Motor Glass Replacement Product  
Project Name/Number: Motor Glass Replacement Product/LSIC-07-003-AR

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033 (856) 216-0303[FAX]

### Filing Company Information

Lyndon Southern Insurance Company CoCode: 10051 State of Domicile: Louisiana  
100 W. Bay Street Group Code: Company Type:  
Jacksonville, FL 32202 Group Name: State ID Number:  
(800) 888-2738 ext. [Phone] FEIN Number: 43-1754760  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: The fee for this filing is \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lyndon Southern Insurance Company	\$0.00	02/01/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26563	\$50.00	01/18/2008

SERFF Tracking Number:	WESA-125470545	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/14/2008	02/14/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125470545</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>LSIC-07-003-AR</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Motor Glass Replacement Product</i>		
<i>Project Name/Number:</i>	<i>Motor Glass Replacement Product/LSIC-07-003-AR</i>		

## Disposition

Disposition Date: 02/14/2008  
Effective Date (New): 02/14/2008  
Effective Date (Renewal): 02/14/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125470545 State: Arkansas

Filing Company: Lyndon Southern Insurance Company State Tracking Number: #26563 \$50

Company Tracking Number: LSIC-07-003-AR

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Motor Glass Replacement Product

Project Name/Number: Motor Glass Replacement Product/LSIC-07-003-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Application Motor Vehicle Glass Replacement	Approved	Yes

SERFF Tracking Number: WESA-125470545 State: Arkansas  
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 Company Tracking Number: LSIC-07-003-AR  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Motor Glass Replacement Product  
 Project Name/Number: Motor Glass Replacement Product/LSIC-07-003-AR

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application Motor Vehicle Glass Replacement	LL-CAPP-3700-CIP (10/07)	10/07	Application/ New Binder/Enrollment		0.00	app.pdf

**LYNDON SOUTHERN INSURANCE COMPANY**  
**A Stock Insurer**

Home Office Address:  
601 North Trenton Street  
Ruston, LA 71273

Administrative Address:  
PO Box 44130  
Jacksonville, FL 32231-4130  
TEL #: (800) 888-2738

**APPLICATION**

**MOTOR VEHICLE GLASS REPLACEMENT COVERAGE**

**GENERAL INFORMATION**

Applicant: \_\_\_\_\_

Principal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**VEHICLE FOR WHICH GLASS COVERAGE WILL APPLY**

New \_\_\_\_\_ Used \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Mileage \_\_\_\_\_

VIN # \_\_\_\_\_

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete. Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any policy issued.

The information requested in this Application does not constitute notice under any claim or potential claim. All such notices must be submitted pursuant to the terms of the policy under which coverage is sought.

**You** hereby attest and acknowledge that there are no chips, cracks, or any other types of damage to **Your** motor vehicle glass covered under this policy application at this time. Furthermore, **You** agree to notify us of any chips, cracks or any other types of damage which occur prior to the issuance of the policy. **We** reserve the right to inspect any of the vehicles covered hereunder prior to the issuance of the policy.

**Vehicle glass found to have defects such as cracks, holes, chips, breaks, or any other glass imperfection is not eligible for coverage. This policy does not provide coverage for damage to vehicle glass caused by a collision.**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE:** Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to an Applicant or claimant for the purpose of defrauding or attempting to defraud the Applicant or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false



information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE & VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**You** acknowledge that **You** have read, understand, and accept the terms and conditions of this Policy Application. **You** further acknowledge that this coverage is between **You** and **Us**.

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

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<i>Company Tracking Number:</i>	<i>LSIC-07-003-AR</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Motor Glass Replacement Product</i>		
<i>Project Name/Number:</i>	<i>Motor Glass Replacement Product/LSIC-07-003-AR</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125470545 State: Arkansas  
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Company Tracking Number: LSIC-07-003-AR  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Motor Glass Replacement Product  
Project Name/Number: Motor Glass Replacement Product/LSIC-07-003-AR

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/14/2008

**Comments:**

The transmittal is attached.

**Attachment:**

lyndon ar.pdf

**Satisfied -Name:** Forms Listing **Review Status:** Approved 02/14/2008

**Comments:**

The Forms Listing lists the forms included in the filing.

**Attachment:**

Forms Listing.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 02/14/2008

**Comments:**

The Letter of Authorization grants Westmont Associates, Inc. permission to file on behalf of the Company.

**Attachment:**

Lyndon So Authorization Letter Westmont Law.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/14/2008

**Comments:**

The Cover Letter is attached.

**Attachment:**

AR Cover.pdf

**1. Reserved for Insurance Dept. Use Only**


a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Lyndon Southern Insurance Company	Louisiana	10051	43-1754760

5.	Company Tracking Number	LSIC-07-003-AR
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6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Wesley Pohler	Assistant Vice President, Westmont Associates, Inc.	(856) 216-0220	(856) 216-0303	wes@westmontlaw.com
	25 Chestnut Street, Suite 105, Haddonfield NJ 08033				
7.	Signature of authorized filer		<b>Wesley Pohler</b>		
8.	Please print name of authorized filer		Wesley Pohler		

9.	Type of Insurance (TOI),	Please select from the drop down list. 1.0000 Property		
10.	Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial Property		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/a		
12.	Company Program Title (marketing title)	Motor Vehicle Glass Replacement Product		
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____		
14.	Effective Date(s) Requested	New	Upon Earliest Approval	Renewal: Upon Earliest Approval
15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)	N/a		
17.	Reference Organization # & Title	N/a		
18.	Company's Date of Filing	02/01/2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document ---

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	LSIC-07-003-AR
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of new application to Company's Motor Glass Replacement product

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** 26563

**Amount:** 50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking # LSIC-07-003-AR				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				n/a

  

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Application Motor Vehicle Glass Replacement	LL-CAPP-3700-CIP (10/07)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**Lyndon Southern Insurance Company**  
**Motor Glass Replacement Product**  
**FORMS LISTING**

<b>Form Number</b>	<b>Form Title</b>
LL-CAPP-3700-CIP (10/07)	Application Motor Vehicle Glass Replacement Coverage



June 7, 2007

RE: Third-party Filer Authorization  
**Lyndon Southern Insurance Company NAIC# 10051 FEIN # 43-1754760**

This letter will certify that Westmont Associates, Inc has been given full authorization to submit the accompanying Auto Glass Policy form and rate filing on behalf of Lyndon Southern Insurance Company. This authorization extends to all correspondence regarding this particular filing.

Please direct correspondence in relation to this filing to Mr. Wesley Pohler at Westmont Associates, Inc, 25 Chestnut Street Suite 105, Haddonfield, NJ 08033.

Should you have any questions concerning this filing or any related correspondence, please contact Mr. Pohler at (856) 216-0220.

Lyndon Southern Insurance Company

By: Frank Gottuso

Title: Assistant Vice President, Compliance





# WESTMONT ASSOCIATES, INC.

February 1, 2008

The Honorable Julie Benafield-Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

**RE: Lyndon Southern Insurance Company**  
**NAIC #: 10051/ FEIN #: 43-1754760**  
**Motor Glass Replacement Product**  
**New Application**  
**Company Filing #: LSIC-07-003-AR**  
**Effective Date: Upon Earliest Possible Approval**

Dear Commissioner Benafield-Bowman:

Enclosed please find Lyndon Southern Insurance Company's New Individual Application for its currently approved Auto Glass Motor Vehicle Glass Replacement filing. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

This is a new individual application to be used with an already approved Auto Glass program. Please refer to the attached form for additional information.

Should have any questions or concerns regarding the materials enclosed, please do not hesitate to contact me at (856) 216-0220. Thank you for your attention to this matter.

***Wesley Pohler***

Wesley Pohler  
Assistant Vice-President  
[wes@westmontlaw.com](mailto:wes@westmontlaw.com)

Enclosures

cc: N. Stepanski – Westmont